

YOUTH SERVICES

Notification of Supplemental Benefits Solicitation

(Date)

MEMORANDUM

TO: Employees

FROM: (Youth Services Authorized Person)

SUBJECT: (Name of Supplemental Benefits Vendor)
(Name of Representative Approved by Vendor's Louisiana Sales Coordinator)

The above referenced supplemental benefits vendor will have a representative (name of representative), (where), on (dates and times).

Employees who are interested in obtaining information on (type of benefits) may do so during break periods, lunch periods, before or after scheduled working hours or during a special time period established and approved by YS. Employees who are unable to attend or, due to time constraints, unable to complete an enrollment transaction during the approved times must make arrangements with the benefits representative to conclude the business outside of working hours and location or during a special time period established and approved by YS.

Offerings by this supplemental benefits vendor are completely voluntary; however, employees electing to participate must have their premiums paid through payroll deductions.

Although YS has a policy to allow authorized vendors to present their approved services or products to employees, YS does not endorse any offerings.

Employees have full responsibility for knowledge of the products or services they are purchasing and must obtain a clear understanding of all the terms of their contracts from the vendor's representative. Youth Services' only responsibility is to assure that the payroll deductions are made in accordance with the signed payroll deduction authorization form (SED-4).

Your adherence to the above guidelines regarding supplemental benefits solicitation is required.